
Form 18: Record of Drug Test Results (for onsite testing)

NAME OF DETAINEE: _____

Date of birth: _____ Age: _____ Male: _____ Female: _____

Black: _____ White: _____ Hispanic: _____ Other: _____

Date of admission: _____

Date of drug test (if different): _____

Drug test performed by: _____

Drug Tested	Result of Screening Test
Alcohol	_____
Marijuana	_____
Cocaine	_____
Opiates	_____
Amphetamines	_____

Positives retained _____ Yes _____ No

Information released to: _____

Detainee informed of results by: _____

Medical review conducted by (if different): _____

Comments: _____

Source: American Correctional Association/Institute for Behavior and Health, Inc.